PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10825540

CLAIMS AS FILED - PART I								SMALL ENTITY			OTUED THE		
_		 	(Column 1)		(Column 2)			TYPE		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			79					RATE	FEE	\neg	RATE	FEE	
FOR			NUMBÉR FILED		NUMBER EXTRA			BASIC FE	E 385.0	O OR	BASIC FEI	+	
TOTAL CHARGEABLE CLAIMS			14 minus 20= 1		-59			X\$ 9=	1	OR	X\$18=.	1062	
IN	DEPENDENT (CLAIMS	()	inus 3 =	* 3	3		X43=	+	7	V00	258	
М	JLTIPLE DEPE	NDENT CLAIM F				ŀ		+	OR		<i> </i> 2>>0		
* /	the difference	e in-column 1 is	ero, enter	25 in a	column 2	' [+145=	<u> </u>	OR	+290=			
CLAIMS AS AMENDED - PART II								TOTAL	<u> </u>	OR	TOTAL	2090	
		(Column 1)	-11111111111111111111111111111111111111	(Column 2)			_	SMALL ENTITY			OTHER SMALL		
AMENDMĘNT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	·X\$ 9=	· X\$ 9=		OR	X\$18=		
AME	Independent			CL AUA	=		X43=		OR	X86=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
								TOTAL		ا ۱٫٫۰	TOTAL		
(Column 1) (Column 2) (Column 3)											ADDIT. FEE		
8		CLAIMS	T	HIGHE		(Colonin 3)			4001	7 r	·		
		REMAINING AFTER AMENDMENT		PREVIOU	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
AMENDMENT	Total	*	Minus	PAID F		=	┢	X\$ 9=	FEE	<u> </u>	V\$10_	FEE	
ME	Independent	*	Minus	***		=	\vdash		•	OR	X\$18=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT C				CLAIM		L	X43=		OR	X86=		
								+145=		OR	+290=		
							ΑD	TOTAL DIT. FEE		OR	TOTAL DDIT. FEE		
(Column 1) (Column 2) (Column 3)												٠.	
AMENDMENIC		CLAIMS REMAINING AFTER AMENDMENT	,	HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATÉ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total	*	Minus	**		=	 -	(\$ 9=	166		X\$18=	FEE	
	Independent	*	Minus	***		=	-			OR			
	FIRST PRESE	NTATION OF MU	X43=		OR	X86=							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	· .	
11	tne "Hignest Nuit	nber Previously Painber Previously Painber	d For IN THIS	SPACE is lo	ee than	20 00104 *20 *	ADI	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE		
TI	ne "Highest Numb	per Previously Paid	For (Total or	ndependent)	is the h	s, enter 3." lighest number (ropriate box				